

Page 1 of 14
July 9, 2008

1 Petitioner, Joshua Woolridge R-33283
2 California Correctional Center (ccc)
3 Post Office Box 2210
4 Susanville, California 96127-2210
5 Petitioner, Filing In Proper

new
RECEIVED
JUL 9 2008
RICHARD W. WICKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

6
7 **FILED** United States Federal District Court
8 **JUL 9 2008** For The Northern Division
9 San Francisco Court House

RICHARD
WICKING
CLERK, U.S.
DISTRICT COURT

10 *jl* E-filing11 **CV 08 : 3304 (PR)**

12
13 Joshua Todd Woolridge,
14 Petitioner,
15 v.
16 California Department of
17 Corrections and Rehabilitation,
18 Respondent,

19 Notice of Motion to legally Compel
20 (CCRA) to Reaccess petitioners current
21 Housing, current Custody level, and any
22 Transfer Options due to petitioners
23 erroneous current placement does
24 willfully and unlawfully violates
25 petitioners Eighth Amendment
Right of Cruel and Unusual
Punishment in error.

26 To the Honorable Federal District Court, Senior
27 District Judge Thelton E. Henderson, presiding over
28 the Overcrowding and Medical Neglect in the
California State Prison System. I, the petitioner
hereby files this Notice of Motion due to the
wilful and unlawful State and Federal Civil
Rights violates going on at this State facility.
On May 30, 2008, I the petitioner was physically
Assaulted, Battered, and Robbed of my personal

Off - 3304/S.BT

Property on the Sierra Facility at the California Correctional Center in Susanville, in the County of Lassen. Petitioner, did physically sustain a Broken Left Index Finger and several fractured Ribs due to this violent and horrendous assault. On June 06, 2008, Surgery was performed to repair the Broken Left Finger, and now petitioner is in a cast, when the petitioner had humbly requested on numerous occasions for a immediate transfer since petitioners arrival date of February 20, 2008, to this facility due to petitioners Security and Safety concerns. On June 11, 2008, after being interviewed by the Investigated Staff Employee and was verbally told that NONE OF YOUR personal property was recovered in error, petitioner then files a Inmate 602 Appeal Log NO. CCC-L-08-00774, regarding his property that was taken by force. On June 16, 2008, in a blatant act of retaliation and reprisal petitioner was erroneously issued a CDC-115 Rules Violation Report for alleged "Battery on a Inmate" the suspect Inmate Aaron S Nell, that did physically take my personal property in error. On June 19, 2008, the actual suspect Inmate Aaron S Nell, CCR # F-83170, was cleared and released back to the Sierra Facility still in possession of the

1 Petitioner's personal property that was taken by force
2 on May 30, 2008, in error. Petitioner, continuous to be
3 illegally housed in Administrative Segregation since
4 May 31, 2008, without a Medical Doctor's clearance and
5 was told by the Institutional Classification Committee
6 on June 19, 2008, that petitioner would be retained
7 in Administrative Segregation for ninety days pending
8 the adjudication of the erroneous and frivolous CDC-
9 115 Rules Violation Report while the actual suspect
10 was released from Administrative Segregation with the
11 Petitioner's personal property in error. Here is a list of
12 State and Federal Civil Rights Violates going on at
13 the California Correctional Center at this time:

1. Petitioner, has been willfully denied Recreational Activities
2. Since his placement in Administrative Segregation on
3. May 31, 2008.
2. Petitioner, has been Maliciously Denied legal Copies by the
3. Administrative Segregation Legal Officer J. Crawford,
4. and willfully denied access to the law library for research
5. on his pending ongoing legal cases without justification.
3. Petitioner, has been refused proper Medical Care and
4. Treatment of his Type I Diabetes, and adequate care
5. of his Broken Left Index Finger by the Medical Staff.
4. Petitioner, is not receiving proper Mental Health
3. Treatment for being illegally housed in a cell for
2. 24 Hours a day 7 days a week without retraction.
5. Employees (Correctional Officers) consume State food
3. without paying daily violating the Title 15CCR 3407.

Petitioner, is willfully, Maliciously, and Vindictively
1
2 being treated with "Deliberate Indifference" and
3 Reckless Disregard for any of petitioner's State or
4 Federal Constitutional Rights in error. Petitioner, is
5 willfully being treated in humane for filing the
6 Inmate Appeal 602 regarding his property. Petitioner,
7 legally seeks a Federal Mandated Order (CDCR)
8 to Expediently Adjudicate the erroneous and frivolous
9 alleged CDE-115 Rules Violation Report pending against
10 the petitioner, to have the CSR Custody Endorsement
11 immediate upheld dated June 11, 2008, for the
12 petitioner to be immediately transfer to (CRC)
13 California Rehabilitation Center in Norco, California, in
14 the County of Riverside per the CSR Custody Level
15 Endorsement in the interest of fair and justice in this
16 matter. Petitioner, has a legal Court Family Law
17 Judges Order awarding petitioner "Court Ordered
18 Visitation" with his children that reside in Riverside
19 County (CDCR) has yet to abide by this legal ruling
20 as of this date. The Family Law Court ruling was
21 ordered June 15, 2007, by Family Law Court Judge
22 Mark A. Mandio, Family Law Court Case Number
23 SWD000926 case Name Woolridge v. Woolridge, I
24 the petitioner have yet to be housed within
25 appropriate visiting Distance for my children in error.
26
27
28

1
2 Here is the facility's Address and phone number to
3 the Warden's Office to fully inquire about this
4 incident and the State and Federal Civil Rights
5 violates not being upheld in error:
6

7 * California Correctional Center (ccc)
8 711-045 Center Road
9 Administration Building
10 Post Office Box 790
11 Susanville, California 96130

12 * Facility Phone Number (530)257-2181

13 Warden, Kathleen Prosper
14 or her

15 Administrative Assistance, Lieutenant Scott Ponter

16 Your Honor Judge Henderson, petitioner was actually
17 robbed of his personal property, now petitioner is unlawfully
18 being retaliated against and punished in error. Your legal
19 Federal Mandate Order and Ruling is humbly Warranted.

20 Petitioner, legally and lawfully State these facts to be factually
21 true and correct under the penalty of Perjury to the
22 best of my knowledge!

23
24
25
26
27
28 Respectfully Submitted,
Joshua Woolridge
Petitioner, In Pro Per.

Proof of Service by Mail

Woolridge
Case #: California Department of Corrections and Rehabilitation Court #: Northern Division
Federal District Court

I declare that:

I am a resident of California Correctional Center in the county of Lassen,

California. I am over the age of 18 years. My residence address is:

Post Office Box 2210 Susanville, California 96127-2210
On June 22, 2008, I served the attached Notice of Motion for Mandate on the
Judge Thelton E. Henderson in said case by placing a true copy thereof enclosed in a sealed
envelope with postage thereon fully paid, in the United States mail at Susanville, California
addressed as follows:

United States Federal District Court Northern California
450 Golden Gate Avenue San Francisco, California 94102

I declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct, and that this declaration was executed on June 22, 2008,
at Susanville, California. 96127-2210

Joshua Todd Woolridge
[Type or Print Name]

Joshua Woolridge
[Signature]

Statement of facts

On Friday May 30, 2008, at approximately 7:45 A.M. in
Dorm 5316 Law on the Sierra Unit I was verbally and
physically Assault and Battered and physically
robbed for my personal property by Inmate
*Aaron S Nell F-83170 A.K.A. "Ed Loc" of
69th Blvd. Manifa Crip from Long Beach. I,
the Victim Joshua Woolridge did physically
sustain a broken left index finger, and a
factured left rib that will require immediate
surgery to repair the broken left finger. Inmate
Aaron S Nell, physically with force and fear
took possession of inmate Woolridge's personal
property listed/attached to this document
without inmate Woolridge's consent. I am
legally seeking to file with the Special Prosecutor
for the Prison in Lassen County, Assault and
Battery Charges with a (GBI) Great Bodily Injury
on a Inmate and Grand Theft under \$400
dollars Charges for the illegal taking of my
personal property by force. I, inmate Woolridge
the Victim am seeking full legal prosecution to
the Maximum possible punishment under the

law, so that this gang member will not assault
Battery or Rob another inmate in prison. I, am
seeking to have my personal property fully returned
to me immediately if not a "State Government
Tort Claim" will be filed followed by a "Civil
litigation lawsuit" for inmate Woolridge's personal
property illegally Stolen by force and fear by
inmate Aaron Snell in error. Why was I
inmate Woolridge Endorsed by CRS to level II Solano,
illegally transferred here to (ccc) California Correctional
Center on February 20, 2008, illegally placed in a
"Crip Dorm" and on May 30, 2008, physically assaulted
when I have been asking for a transfer upon my
arrival by the Sierra Facility (U.C.) Unit Classification
Committee.

I, Joshua Woolridge will State these legal facts to
be true and correct Under the penalty of perjury
to be true to the best of my knowledge!

Why is the California Correctional Center and its
staff will fully Wasting Taxpayers Dollars!

1 by Inmate Aaron Nell on
2 May 30, 2008!

3 (1) Puck of Q-tips - Package Item
4 (3) cans of Bubble Bee Tuna - Store Item
5 (1) Pouch of Tuna - Package Item
6 (1) Jar of Folgers Coffee - Package Item
7 (1) Bag of Columbia Roasted Coffee - Package Item
8 (1) Bag of Corn Chips - Store Item
9 (1) Bag of Moon Lodge Potato Chips - Package Item
10 (1) Bottle of Conditioner - Package Item
11 (1) Bottle of Shampoo - Package Item
12 (3) Gel Deodorants - Package Item
13 (10) Bars of Soap Package Items - Dove, Irish Spring
14 Irish Spring Sport, Ivory Soap, and Tone Soap
15 (1) Jar Cream Peanut Butter - Package Item
16 (4) Toothpaste from package - Package Item
17 (1) Baby lotion Pink - Package Item
18 (1) Summer Sausage - Package Item
19 (2) boxes of Variety Package Oatmeal - Package Item
20 (20) Chili Favored Soups - Package Item
21 (2) Tooth Brushes - Package Item
22 (1) Blue handle hairbrush - Package Item
23 (1) Bottle of French Vanilla Creamer - Package Item
24 (1) Aquafresh Toothpaste - Package Item
25
26
27

Total Estimated Cost \$100.00

* Inmate 602 Appeal Log Number is as
follows: CCC-L-08-00774, regarding
stolen property still in inmate Aaron Nell possession!



STATE OF CALIFORNIA
ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE
CDC 114-D (Rev 10/98)

DEPARTMENT OF CORRECTIONS

DISTRIBUTION:
WHITE - CENTRAL FILE
BLUE - INMATE (2ND COPY)
GREEN - ASUCANARY - WARDEN
PINK - HEALTH CARE MGR
GOLDENROD - INMATE (1ST COPY)INMATE'S NAME
WOOLRIDGECDC NUMBER
P-33283

REASON(S) FOR PLACEMENT (PART A)

PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS

JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY

ENDANGERS INSTITUTION SECURITY UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On May 30, 2008 you are being placed in Administrative Segregation at the California Correctional Center Administrative Segregation Unit (ASU) based on the following information: On May 30, 2008, at about 1100 hours, you approached Sierra Unit staff and requested to be placed in Administrative Segregation due to having immediate safety/enemy concerns on Sierra Unit. You also had injuries consistent with being involved in a physical altercation. Officer T. Williams was assigned to the investigation regarding this matter. Based on this, you are deemed a threat to the safety and security to the Sierra Unit and this Institution. Your case will be reviewed on the first working day following your placement by a designated staff not less than the level of Correctional Captain. If retained following this review, committee will see you within ten (10) days, for determination of your housing and program needs. INMATE WOOLRIDGE has a TAME score of 6.0

<input type="checkbox"/> CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL)	<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /		
DATE OF ASU PLACEMENT 05-30-08	SEGREGATION AUTHORITY'S PRINTED NAME R. HAINLINE	SIGNATURE	TITLE LIEUTENANT
DATE NOTICE SERVED 5-30-08	TIME SERVED 1622	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE J. TEMPLETON	SIGNATURE
<input checked="" type="checkbox"/> INMATE REFUSED TO SIGN		INMATE SIGNATURE	CDC NUMBER

ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

STAFF ASSISTANT (SA)

INVESTIGATIVE EMPLOYEE (IE)

STAFF ASSISTANT NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
----------------------	-------	-------------------------------	-------

IS THIS INMATE:

LITERATE? FLUENT IN ENGLISH? ABLE TO COMPREHEND ISSUES? FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS? DECLINING FIRST STAFF ASSISTANT ASSIGNED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE UNNECESSARY DECLINED ANY INVESTIGATIVE EMPLOYEE ASU PLACEMENT IS FOR DISCIPLINARY REASONS DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED	<input type="checkbox"/> YES <input type="checkbox"/> YES <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> YES
---	---	---	---	---	--

Any "NO" requires SA assignment

Any "NO" may require IE assignment

 NOT ASSIGNED NOT ASSIGNED

NO WITNESS NECESSARY AT ICC INMATE WAIVERS

<input type="checkbox"/> INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	<input type="checkbox"/> INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME
<input type="checkbox"/> NO WITNESSES REQUESTED BY INMATE	INMATE SIGNATURE INMATE WOOLRIDGE DECLINED

DATE

6/2/2008

WITNESSES REQUESTED FOR HEARING TO SIGN.

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

DECISION: RELEASE TO UNIT/FACILITY RETAIN PENDING ICC REVIEW DOUBLE CELL SINGLE CELL PENDING ICC

REASON FOR DECISION:

POTENTIAL SUBJECT HAS UNRESOLVED ENEMY CONCERN ON THE ICC MAINLINE.

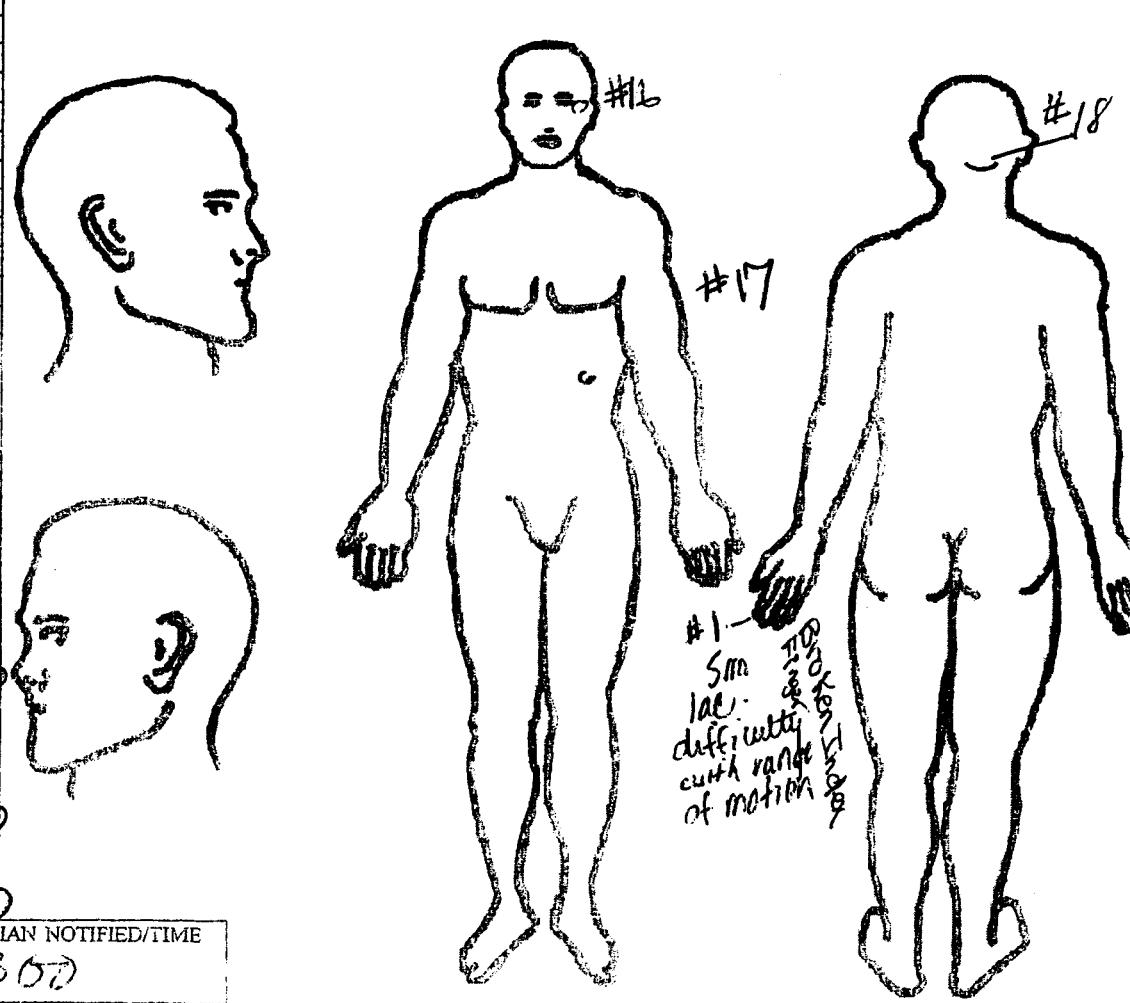
ADMINISTRATIVE REVIEWER'S PRINTED NAME E. MUSSET	TITLE Facility Captain	DATE OF REVIEW 6/2/08	TIME 1709	ADMINISTRATIVE REVIEWER'S SIGNATURE <i>E. MUSSET</i>
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary)				DATE OF REVIEW

THIS SECTION FOR VISITOR ONLY	NAME LAST NR	FIRST NR	MIDDLE NR	PHONE NUMBER P33283	RADGE # NR	DATE 5/30/08
HOME ADDRESS NR	CITY	STATE	ZIP	NEW HOUSING LOC. 53-16-1	RANK/CLASS NR	ASSIGNMENT/ROLES NR

PLACE OF OCCURRENCE Dorm 53	DATE/TIME OF OCCURRENCE 5/30/08 1245	NAME OF WITNESS(ES) None						
TIME NOTIFIED 1240	TIME SEEN 1240	ESCORTED BY Williams C.O.	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE	WHEELCHAIR	AGE 43	RACE B	SEX

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE
 A locker door slammed on. If 4th finger. When slamming
 Locker door hit 2nd and pain. Hit that back of his head on the wall.

INJURIES FOUND? YES <input checked="" type="radio"/> NO <input type="radio"/>
Abrasion/Scratch <input checked="" type="radio"/> 1
Active Bleeding <input checked="" type="radio"/> 2
Broken Bone <input checked="" type="radio"/> 3
Bruise/Discolored Area <input checked="" type="radio"/> 4
Burn <input checked="" type="radio"/> 5
Dislocation <input checked="" type="radio"/> 6
Dried Blood <input checked="" type="radio"/> 7
Fresh Tattoo <input checked="" type="radio"/> 8
Cut/Laceration/Slash <input checked="" type="radio"/> 9
O.C. Spray Area <input checked="" type="radio"/> 10
Pain <input checked="" type="radio"/> 11
Protrusion <input checked="" type="radio"/> 12
Puncture <input checked="" type="radio"/> 13
Reidened Area <input checked="" type="radio"/> 14
Skin Flap <input checked="" type="radio"/> 15
Swollen Area <input checked="" type="radio"/> 16
Other <input checked="" type="radio"/> 17
LUG and pain <input checked="" type="radio"/> 18
Back of head <input checked="" type="radio"/> 19



G.C. SPRAY EXPOSURE? YES <input checked="" type="radio"/> NO <input type="radio"/>
DECONTAMINATED? YES <input checked="" type="radio"/> NO <input type="radio"/>
Self-decontamination instruction given? YES <input checked="" type="radio"/> NO <input type="radio"/>
Refused decontamination? YES <input checked="" type="radio"/> NO <input type="radio"/>
1/15 min. circled
Staff issued exposure packet? YES <input checked="" type="radio"/> NO <input type="radio"/>

FIN NOTIFIED/TIME 1240	PHYSICIAN NOTIFIED/TIME 1300
---------------------------	---------------------------------

TIME/DISPOSITION
1240 Escorted to main clinic for
medical eval

REPORT COMPLETED BY/TITLE J. Lowry (Signature)	(PRINT AND SIGN)	BADGE # 371	RDO: 5/30/08
---	------------------	----------------	-----------------

(Medical data is to be included in progress note or emergency care record filed in UHR)

COCOR 7215 (Rev. 11/05)

DISTRIBUTION: ORIGINAL - CUSTODY CANARY - Inmate/Employee PINK - Health and Safety / RTW Coordination (only work related injury)

Actual Facts of Assault and Injuries Sustained

BANNER LASSEN MEDICAL CENTER1800 Spring Ridge Drive • Susanville, CA 96130
(530) 252-2000**AUTHORIZATION FOR AND CONSENT TO SURGERY FOR
SPECIAL DIAGNOSTIC OR THERAPEUTIC PROCEDURES**To: WOOLRIDGE, JOSHUA (name of patient) (date of birth) (Med. Rec. #)

1. Your attending physician is Dr. CRUM and your supervising physician or surgeon is Dr. CRUM.

2. The hospital maintains personnel and facilities to assist your physicians and surgeons in their performance of various surgical operations and other special diagnostic or therapeutic procedures. These operations and procedures may all involve risks of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure.

You have the right to be informed of such risks as well as the nature of the operation or procedure, the expected benefits or effects of such operation or procedure, and the available alternative methods of treatment and their risks and benefits. You also have the right to be informed whether your physician has any independent medical research or economic interests related to the performance of the proposed operation or procedure. Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to consent to or to refuse any proposed procedure at any time prior to its performance.

3. Your physicians and surgeons have recommended the following operation or procedure: Procedure No. (see reverse)
 * CLOSED REDUCTION PERCUTANEOUS PINNING MIDDLE PHALANX LEFT RING FINGER FRACTURE WITH POSSIBLE OPEN TREATMENT WITH INTERNAL FIXATION.

X JW

Upon your authorization and consent, this operation or procedure, together with any different or further procedures which in the opinion of the supervising physician or surgeon may be indicated due to an emergency, will be performed on you. The operations or procedures will be performed by the supervising physician or surgeon named above (or in the event that the physician is unable to perform or complete the procedure, a qualified substitute supervising physician), together with associates and assistants, including anesthesiologists, pathologists and radiologists from the medical staff of Banner Lassen Medical Center to whom the supervising physician may assign designated responsibilities. The persons in attendance for the purpose of performing specialized medical services such as anesthesia, radiology or pathology are not agents, servants, or employees of the hospital or your supervising physician or surgeon. They are independent contractors and therefore are your agents, servants, or employees.

4. If your physician determines that there is a reasonable possibility that you may need a blood transfusion as a result of the surgery or procedure to which you are consulting, your physician will inform you of this and will provide you with a brochure regarding blood transfusions. This brochure contains information concerning the benefits and risks of the various options for blood transfusions, including predonation by yourself or others. You also have the right to have adequate time before your procedure to arrange for predonation, but you can waive this right if you do not wish to wait. You should understand that transfusions of blood or blood products involve certain risks, including the transmission of disease such as hepatitis or Human Immunodeficiency Virus (HIV) and that you have the right to consent or refuse consent to any transfusion. You should discuss any questions that you may have about transfusion with your physician.

5. By your signature below you authorize the pathologist to use his or her discretion in disposition or use of any member, organ, or other tissue removed from your person during the operation or procedure set forth above.

6. To make sure that you fully understand the operation or procedure, your physician will fully explain the operation or procedure to you before you decide whether or not to give consent. If you have any questions, you are encouraged and expected to ask them.

7. Your signature on this form indicates that: (1) you have read and understood the information provided in this form, (2) the operation procedure set forth has been adequately explained to you by your physician, (3) you have had a chance to ask questions, (4) you have received all of the information you desire concerning the operation or procedure, and (5) you authorize and consent to the performance of the operation or procedure.

Date 06-06-2008 Time 0:20 A.M. / P.M.**PATIENT LABEL****WOOLRIDGE, JOSHUA P33283****MR 0122443****04/01/1965 M 043Y****OPS****Acct 00007764434****LCH****6/06/08**If signed by other than patient, indicate relationship: WifeWitness: Wife

Additional Facts Page 1 of 2 OR TRUTH

True fact, on May 30, 2008, in Dorm 5316 Low on the Sierra Facility I was Verbally, physically Assaulted, Beatboxed, and physically Robbed for my personal property by inmate

* Aaron S Nell F-83170, A.K.A. "Ed Loc" of 69th Blvd. Manifa "Crip" from Long Beach. I, the victim Joshua Woolridge did physically sustain a Broken Left Index Finger, and a fractured Left Rib and loss of my personal property valued at approximately \$100.00 dollars due to inmate Aaron S Nell violet act. On June 11, 2008, after a interview with the assigned Investigative Employee Correctional Officer T. Williams, Verbally told me that your personal property cannot be located and is a total loss on that issue. On June 11, 2008, I Joshua Woolridge the actual Victim did legally file a Inmate (602 Appeal Form Log NO. 060908-100, against the Sierra (I.C.C.) Classification Committee Captain E.F. Mussen, Lieutenant R.P. Roman, Correctional Counselor II A. Fiegher, and Correctional Counselor I, D. Hunk for Negligently and "Reckless Disregard" housing me Joshua Woolridge in a "Crip Dorm" since I am not a gang member in error, and the Committee actions was sheer Negligence and should be held liable for my personal property which is stolen. I, Joshua Woolridge did file a Government Tort Claim against these (CDCR) employees for my Personal Injuries sustained and loss of Personal Property due to I inmate Woolridge had requested on numerous occasions a immediate transfer due to my Safety and Security Concerns. On June 13, 2008, Correctional Officers T. Williams, fabricated and falsified illegally

Concluded that Now I, inmate Woolridge was the perpetrator and Not the Victim out of Sheer Malice and retaliation. On Monday June 16, 2008, Correctional Lieutenant R.P. Roman, one of the Named Defendants in the Inmate 602 Appeal and the Government Tort Claim, Vindictively out of a sheer act of Retaliation and Reprisal Wrote me Joshua Woolridge a CDC-115 RVR for alleged "Battery on a Inmate" inmate SNell due to this Correctional Lieutenant's Reckless Disregard for the truth in this incident. Why am I, inmate Woolridge the actual Victim being Wilfully treated with "Deliberate Indifference" by several Staff members here at the California Correctional Center and Vindictively being charged with this unjustifiable offense when I am actually the Victim in this incident. I, am seeking a Full Complete investigation into this incident and to have all Disciplinary actions Dismissed as they are inconstinance with the truth and to have my CSR Endorsement honored and a immediate transfer to a Correctional Facility in Southern California per the Family Law Judge's Court Order to obtain "Visitation with my Children". A immediate transfer is humbly wanted in the best interest of all parties! I, inmate Woolridge physically sustained Serious injuries as defined in the Title ISCCR 3000, a broken left Ring finger, as well as other minor injuries due to this assault and Robbery.

Petitioner, Joshua Woodridge #33288
California Correctional Center (CCC)
711-045 Center Road
Lassen Unit Facility 1L4 - 136000
Post Office Box 2210
Susanville, California 96130-2210



United States Federal District Court
For The Northern District of California
San Francisco Court House
Senior District Court Judge
ATTN: Honorable Judge Thelton E. Henderson
450 Golden Gate Avenue
San Francisco, California

RECEIVED

JUN 3 0 2008
FBI SF

RICHARD W. WHEMING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Legal Mail

94102

KIRBY B

6-22-08

B Kirby